

| POSITION                  | INITIALS     | ID NO.       | DATE            |
|---------------------------|--------------|--------------|-----------------|
| FEE DETERMINATION         | <i>kw</i>    | <i>68904</i> | <i>3/30/00</i>  |
| O.I.P.E. CLASSIFIER       |              | <i>8</i>     | <i>4-11-00</i>  |
| FORMALITY REVIEW          | <i>11/17</i> | <i>66743</i> | <i>65/24/00</i> |
| RESPONSE FORMALITY REVIEW |              |              |                 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

**Best Available Copy** (LEFT INSIDE)